

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022385

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 263

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Jefferson City</b>		c. CITY OR TOWN <b>Bonnotts Mill, Mo.</b>	
Length of stay in 1b <b>13 Hours</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Charles</b> HOSPITAL OR INSTITUTION <b>E. Still Osteopathic Hospital</b>		d. STREET ADDRESS <b>RFD</b> (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>PAUL</b> Last <b>HUESGEN</b>		4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 1, 1903</b>
9. AGE (last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
11. BIRTHPLACE (City and state or country) <b>Osage County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Huesgen</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Koeingsfield</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. INFORMANT <b>Fred Huesgen,</b>		Address <b>Bonnotts, Mill, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for Part I, and one for Part II) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Circulatory Collapse &amp; Shock</b> DUE TO (c) <b>Massive Splenic Rupture &amp; Hemorrhage</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <b>No history of trauma. Unexplained.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Shrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>7-4-62</b> Month, Day, Year <b>7-5-62</b> a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>7-4-62 to 7-5-62</b>		COUNTY <b>Frankenstein, Mo.</b> STATE	
21. I attended the deceased from <b>2:30</b> to <b>7-5-62</b> and last saw him alive on <b>7-5-62</b> Death occurred at <b>2:30</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Thomas W. Baldeon D.D.</b>	
22b. ADDRESS <b>Linn</b>		22c. DATE SIGNED <b>7-5-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-7-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Catholic</b>		23d. LOCATION (City, town, or county) (State) <b>Frankenstein, Mo.</b>	
24. FUNERAL DIRECTOR <b>Clyde Morton,</b>		25. DATE RECD. BY LOCAL REG. <b>6 July 1962</b>	
ADDRESS <b>Linn, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Davis - Richter</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Leona, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.